

APPLICATION DATA SHEET**Application Information**

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form (CRF)?:: No

Number of Copies of CRF::

Title:: A METHOD FOR THE ABSORPTION OF A GAS
IN A LIQUID AND AN APPARATUS FOR THIS

Attorney Docket Number:: 1034281-000006

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 1

Small Entity?:: No

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Sweden

Status:: Full Capacity

Given Name:: Robert

Middle Name::

Family Name:: JOHANSSON

Name Suffix::

City of Residence:: Skellefteå

State or Province of Residence::

Country of Residence:: Sweden

Street of Mailing Address:: Skidstigen 13

City of Mailing Address:: Skellefteå

State or Province of Mailing Address::

Country of Mailing Address:: Sweden

Postal or Zip Code of Mailing Address::	S-931 51
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Sweden
Status::	Full Capacity
Given Name::	Yngve
Middle Name::	
Family Name::	LUNDGREN
Name Suffix::	
City of Residence::	Skellefteå
State or Province of Residence::	
Country of Residence::	Sweden
Street of Mailing Address::	Bladgatan 152
City of Mailing Address::	Skellefteå
State or Province of Mailing Address::	
Country of Mailing Address::	Sweden
Postal or Zip Code of Mailing Address::	S-931 58
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Sweden
Status::	Full Capacity
Given Name::	Sam
Middle Name::	

Family Name:: MARKLUND
Name Suffix::
City of Residence:: Skellefteå
State or Province of Residence::
Country of Residence:: Sweden
Street of Mailing Address:: Ö. Grubbgatan 10
City of Mailing Address:: Skellefteå
State or Province of Mailing Address::
Country of Mailing Address:: Sweden
Postal or Zip Code of Mailing Address:: S-931 64

Correspondence Information

Correspondence Customer Number:: **21839**
Phone Number:: 703.836.6620
Fax Number: 703.836.2021

Representative Information

Representative Customer Number:: **21839**

Domestic Priority Information

Application:: Continuity Type:: Parent Application:: Parent Filing
Date::

This Application is National Stage of

PCT/FL2004/000767 12/16/2004

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
Sweden	0303390-9	12/17/2003	Yes

Assignee Information

Assignee Name:: OUTOKUMPU OYJ

Street of Mailing Address:: Riihitontuntie 7

City of Mailing Address:: Espoo

State or Province of Mailing
Address::

Country of Mailing Address:: Finland

Postal or Zip Code of Mailing
Address:: FIN-02200